

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Southern District Of Florida

(State)

Case number (if known): _____ Chapter _____

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. **Debtor's name** Dequeen Medical Center, Inc.

2. **All other names debtor used in the last 8 years** _____
 Include any assumed names, trade names, and *doing business* as names _____

3. **Debtor's federal Employer Identification Number (EIN)** 20 - 2 2 5 1 8 9 5

4. **Debtor's address** **Principal place of business** **Mailing address, if different from principal place of business**

13595 SW 134th St., Ste 210

Number Street

Number Street

P.O. Box

Miami

City

FL 33186

State

ZIP Code

City

State

ZIP Code

Location of principal assets, if different from principal place of business

MIAMI-DADE

County

1306 W. Collin Raye Drive

Number Street

DeQueen

City

AR

State

71832

ZIP Code

5. **Debtor's website (URL)** http://www.dequeenmedicalcenter.com/

6. **Type of debtor**

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor Dequeen Medical Center, Inc.
Name

Case number (if known) _____

7. Describe debtor's business**A. Check one:**

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6 2 1 6**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. **Check all that apply:**
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☐ No

☒ Yes. Debtor CAH Acquisition Company #2, LLC Relationship _____

District North Carolina When 03/17/2019
MM / DD / YYYY

Case number, if known 5:2019bk01230

List all cases. If more than 1, attach a separate list.

See Attachment 1

Debtor Dequeen Medical Center, Inc.
Name

Case number (if known) _____

11. Why is the case filed in *this* district?*Check all that apply:*

- ☐ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☐ No☒ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☒ Other Debtor is a Hospital and has patients that require and receive medical services

Where is the property? 1306 Collin Raye Drive

Number Street

DeQueen
CityAR
State71832
ZIP Code**Is the property insured?**☒ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors☐ 1-49☒ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5,001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated assets**☐ \$0-\$50,000☐ \$50,001-\$100,000☐ \$100,001-\$500,000☐ \$500,001-\$1 million☒ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million☐ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion

Debtor Dequeen Medical Center, Inc. Case number (if known) _____

Name

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- ☐ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- ☐ I have been authorized to file this petition on behalf of the debtor.
- ☐ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/02/2019
MM / DD / YYYY**X**s/Jorge Perez

Signature of authorized representative of debtor

Jorge Perez

Printed name

Title President

18. Signature of attorney

Xs/Paul Decailly

Signature of attorney for debtor

Date 04/02/2019

MM / DD / YYYY

FL

Paul DeCailly

Printed name

DeCailly Law Group, PA

Firm name

PO Box 490

Number Street

Indian Rocks Beach

City

FL
State33785
ZIP Code(727) 824-7709

Contact phone

pdecailly@dlg4me.com

Email address

Florida

Bar number

FL
State

Attachment (1/2)
Debtor: Dequeen Medical Center, Inc. Case No:

Attachment 1: Additional pending bankruptcy cases

Debtor: CAH Acquisition Company #3, LLC
Relationship:
District: North Carolina
Date Filed: 03/14/2019
Case Number: 5:2019bk01180

Debtor: CAH Acquisition Company #4, LLC
Relationship:
District: North Carolina
Date Filed: 03/17/2019
Case Number: 5:2019bk1228

Debtor: CAH Acquisition Company #1, LLC
Relationship:
District: North Carolina
Date Filed: 02/19/2019
Case Number: 5:2019bk730

Debtor: CAH Acquisition Company #5, LLC
Relationship:
District: Kansas
Date Filed: 03/13/2019
Case Number: 6:2019bk10359

Debtor: CAH Acquisition Company #11, LLC
Relationship:
District: Tennessee
Date Filed: 03/08/2019
Case Number: 2:2019bk22020

Debtor: CAH Acquisition Company #12, LLC
Relationship:
District: North Carolina
Date Filed: 03/17/2019
Case Number: 5:2019bk01229

Debtor: CAH Acquisition Company #16, LLC
Relationship:
District: North Carolina
Date Filed: 03/17/2019
Case Number: 5:2019bk01227

Debtor: CAH Acquisition Company #6, LLC
Relationship:
District: North Carolina
Date Filed: 03/21/2019
Case Number: 5:2019bk01300

Debtor: CAH Acquisition Company #7, LLC
Relationship:

Attachment (2/2)
Debtor: Dequeen Medical Center, Inc. Case No:

District: North Carolina
Date Filed: 03/21/2019
Case Number: 5:2019bk01298

Fill in this information to identify the case:

Debtor name Dequeen Medical Center, Inc.

United States Bankruptcy Court for the: Southern District Of Florida

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Empower H.I.S, LLC 13595 134th St. Suite 209 Miami, FL 33186						\$221,000.00
2	IPFS Corp 2777 Allen Pkwy Suite 550 Houston, TX 77019						\$30,061.00
3	Nitel 350 N. Orleans st Suite 1300N Chigago, IL 60654						\$25,599.00
4	Matheson PO Box 123028 Dallas, TX 75312						\$22,413.00
5	Spirit Medical 400 Fayetteville Rd. Van Buren, AR 72956						\$13,000.00
6	Associated Pathologist Lab 208 Thompson Ave. El Dorado, AR 71730						\$12,000.00
7	Lifeshare Blood Centers 8910 Linwood Ave Shreveport, LA 71106						\$9,010.00
8	Ortho Clinical Diagnostics PO Box 406608 Carol Stream, IL 60132						\$7,758.00

Debtor Dequeen Medical Center, Inc.
Name

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Tankersy Food Service PO Box 607 Van Buren, AR 72957						\$4,931.00
10	Medisol 1761 International Pkwy Suite 110 Richardson, TX 75081						\$3,596.00
11	Lighthouse Lab Services 9204 Eisenhower Dr. #100 Apex, NC 27539						\$3,166.00
12	Telehealth Services PO Box 26627 Raleigh, NC 27611						\$2,484.00
13	Farmer Brothers Coffee PO Box 77057 Fort Worth, TX 76177						\$2,279.00
14	K-Town Consulting 117 N. Broadway St. Konawa, OK 74849						\$2,000.00
15	Recondo 7902 E. Union Ave Suite 400 Denver, CO 80237						\$1,890.00
16	TriTec Medical 2256 Germantown Rd. So GermanTown, TN 38138						\$1,800.00
17	Allheart Electrical Co. 4943 Line Ferry rd Texarkana, AR 71854						\$1,792.00
18	Coca-Cola Bottling Company PO Box 1560 Nashville, AR 71852						\$1,496.00
19	Ledwell Office Solutions 3200 Court St. Texarkana, TX 75501						\$1,063.00
20	Ability PO Box 856015 Minneapolis, MN 55485						\$850.00

UNITED STATES BANKRUPTCY COURT
Southern District of Florida

In re:

Case No. BKY

Dequeen Medical Center, Inc.,

Debtor(s)

Chapter Case

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, Jorge Perez, declare under penalty of perjury that I am the President of Dequeen Medical Center, Inc., a Arkansas corporation and that on April 1, 2019 the following resolution was duly adopted by the Sole Shareholder of this corporation:

\Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter of Title 11 of the United States Code;

Be It Therefore Resolved, that Jorge Perez, President of this corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that Jorge Perez, President of this corporation, is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case; and

Be It Further Resolved, that Jorge Perez, President of this corporation, is authorized and directed to employ Paul DeCailly, attorney and the law firm of DeCailly Law Group, PA to represent the corporation in such bankruptcy case.\

Executed on: April 2, 2019	Signed: s/Jorge Perez
	Jorge Perez 13595 SW 134th St, Ste 210, Miami, FL 33186 (<i>Name and Address of Subscriber</i>)

United States Bankruptcy Court
Southern District of Florida

In re **Dequeen Medical Center, Inc.**

Case No.

Debtor.

Chapter

STATEMENT OF CORPORATE OWNERSHIP

Comes now **Dequeen Medical Center, Inc.** (the "Debtor") and pursuant to Fed. R. Bankr. P. 1007(a) and 7007.1 state as follows:

____ All corporations that directly or indirectly own 10% or more of any class of the corporation's equity interests are listed below:

OR,

X There are no entities to report.

By: **s/Paul Decailly**
Paul DeCailly
Signature of Attorney

Counsel for
Bar no.: **Florida**
Address.: **PO Box 490**
Indian Rocks Beach, Florida
33785
Telephone No.: **(727) 824-7709**
Fax No.: **(866) 906-5977**
E-mail address: **pdecailly@dlg4me.com**

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF FLORIDA**

In Re:

Dequeen Medical Center, Inc.,
Debtor

Case No.

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007, Fed. R. Bank. P. for filing in this Chapter 11 case.

Security Holder's Registered Name and Last Known Address or Place of Business	Class of Security	Number of Securities or Percentage	Kind of Interest
None			

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION
OR PARTNERSHIP**

I, Jorge Perez, Sole Shareholder of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing **List of Equity Security Holders** and that it is true and correct to the best of my information and belief.

Date: April 2, 2019Signature: s/Jorge PerezPrinted Name: Jorge PerezTitle: Sole Shareholder

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.